

**To be used for changes to registrations and terminations.**

Lobbyist's Registration Number

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 10/16/98

LSUPP

1981742

11-10-55

✓ #3126  
#10.00  
Wm

1. NAME Plep Deborah L. Last First MI  
2. BUSINESS PHONE (504) 831-9415  
3. BUSINESS ADDRESS 701 Metairie Road, Metairie, LA 70005  
Street and No. City State Zip  
4. EMPLOYER David Briggs Enterprises, Inc.  
5. EMPLOYER'S ADDRESS 701 Metairie Road, Metairie, LA 70005  
Street and No. City State Zip  
6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No \_\_\_\_\_  
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.  
1. Name Louisiana Association of Alcoholic Beverage Licensees, Inc.  
Address P.O. Box 55012 Metairie, LA 70055  
Business or purpose Trade Association  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☒ Terminated Representation as of April 1, 1998

SUPPLEMENTAL REGISTRATION FORM



2. Name (Left Blank)

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name (Left Blank)

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of Jefferson

Before me, the undersigned authority, personally came and appeared Deborah L. Plep, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

[Signature]  
Signature of Lobbyist

Sworn to and subscribed before me on this 15th day of October, 1998.

[Signature]  
Notary Public